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PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032 romaxi ion uso Birouttii 7/04/74/2000 ii ii U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are regulred to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR (Column 1) (Column 2) SMALL ENTITY SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 ≈ X S OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X S OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter \*0\* in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ENDMENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total 20 Minus W x , 25 (37 CFR 1.16(c)) 50 OR Independent (37 CFR 1.16(b)) Minus 2 x s/00= x \$200= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 180\_ <u> 360</u> OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST REMAINING PRESENT. NUMBER RATE ADDI-RATE ENT ADDI-AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) ENDM Minus X S OR X S Independent (37 CFR 1.16(b)) Minus X S Ş OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 4 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CL AIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-**AFTER PREVIOUSLY EXTRA** 

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

Minus

Minus

AMENDMENT

. Total (37 CFR 1.16(c))

Independent (37 CFR 1.16(b))

ENDM

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) Is the highest number found in the appropriate box in column 1.

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X \$.

X \$

TOTAL

ADD'L FEE

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TIONAL FEE

OR

OR

OR

OR

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TOTAL

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